

**[Legend for Model EOC:**

Variable Placeholders are located within < > and highlighted in grey

Instructions to plans are located within [ ] and highlighted in grey

**2006 Model LIS Rider**

**IMPORTANT NOTICE YOU ARE RECEIVING EXTRA HELP IN PAYING FOR YOUR PRESCRIPTION DRUG COVERAGE**

Please keep this notice as it is part of <Plan Name>'s Evidence of Coverage.

Our records show that you qualify for extra help in paying for your prescription drug coverage. This means that you will receive help in paying for your monthly premium, yearly deductible, and prescription drug co-payments.

As a member of <Plan Name>, you will receive the same service as someone who is not receiving extra help. Your membership in <Plan Name> will not be affected because you are receiving extra help in paying for your prescription drug coverage. This also means that you are required to follow all the rules and procedures in the Evidence of Coverage. If, at any time, our prescription drug coverage does not meet your needs, you may disenroll and join another Prescription Drug Plan. (Please refer to Section 8 of the Evidence of Coverage for further information regarding disenrollment.)

Please see the chart below for a description of your prescription drug coverage:

<b>Your monthly premium is</b>	<b>Your yearly deductible is</b>	<b>Your co-payment amount for generic/preferred drugs is no more than</b>	<b>Your co-payment amount for all other drugs is no more than</b>
[Insert \$0 or applicable amount]	[Insert applicable amount:] <\$0/\$50>	[Insert applicable amount:] <\$0 or \$1 or \$2 or 15%>(each prescription)*	[Insert applicable amount] <\$0 or \$3 or \$5 or 15% >(each prescription)*

Your premium amount has been calculated based upon your membership in <Plan Name>.

\*Your co-payment amount(s) will go down to <\$0 per prescription/ \$2 and \$5 per prescription> once the amount you pay **and** Medicare pays as the extra help reach \$3,600 in a year.

[Plans: add the following sentence if this EOC is for your enhanced prescription benefit and you cover non-Part D drugs as part of your benefit.

<Part D Plan> offers additional coverage on some prescription drugs not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for these drugs does not count towards your total out of pocket expenditure (that is, the amount you pay does not help you obtain catastrophic coverage). In addition, you will not receive any extra help to pay for these drugs. Your co-payment/co-insurance for these drugs is as follows:

*<Plans should insert their cost-sharing structure for Non-Part D drugs covered under their enhanced prescription benefit.>*

Please refer to your formulary to find out which drugs this applies to.]

If you have any questions about this notice, please contact <Plan Name> Customer Service at <Toll-free Number, > <(Toll-free TTY/TDD Number), > <Days/Hours of Operation>.